



City of Norfolk

APPLICATION TEXT AMENDMENT

Date of application: _____

Zoning Ordinance Text Amendment

Amend Section(s) _____

Add New Section(s) _____

Name of applicant: (Last) _____ (First) _____ (MI) _____

Mailing address of applicant (Street/P.O. Box): _____

(City) _____ (State) _____ (Zip Code) _____

Daytime telephone number of applicant () _____ Fax number () _____

E-mail address of applicant: _____

DESCRIPTION OF AMENDMENT

Purpose of Amendment _____

REQUIRED ATTACHMENTS

√ Language for the text amendment (*see Example attached).

CERTIFICATION:

I hereby submit this complete application and certify the information contained herein is true and accurate to the best of my knowledge:

SIGNED:

_____/_____/_____
(Applicant signature) (Date)

DEPARTMENT OF PLANNING & COMMUNITY DEVELOPMENT

810 Union Street, Room 508

Norfolk, Virginia 23510

Telephone (757) 664-4752 Fax (757) 441-1569